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Written statement* submitted by Human Rights Now, a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[26 May 2014]

* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

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Fukushima: the Japanese government to protect people's right to health in accordance with recommendations by the UN Special Rapporteur Anand Grover

1. Background

It has already been three years since the nuclear accident at the Fukushima-Dai-ichi Nuclear Power Station on the 11th of March, 2011[1]. The Special Rapporteur on the right to health Anand Grover visited Japan as his official mission in November 2012 and produced a comprehensive report in May 2013[2]. The report revealed that the Japanese government's policies and efforts are insufficient to protect the affected populations. It clearly stated that 1 mSv/year has to be set as a policy standard for health examination as well as evacuation management.

The report has been welcomed by the civil societies as a strong step towards achieving necessary policy changes. However, it is a grave concern that the government has dismissed most of the recommendations, claiming that they have no medical or scientific basis. As for expanding the scope of the health management survey, it responded "There is not a sufficient scientific basis for the claim that health management is necessary for residents who live in areas where the additional radiation does is 1 mSv/year. Thus the recommendation [...] is not acceptable" (p.4)[3]. The government went on to say, "The necessity of the examination recommended by the Special Rapporteur (to include blood and urine tests) has not been demonstrated scientifically" (p.6)[4]. Those comments have been criticized as being founded on an arbitrary interpretation of limited research sources[5], and based on a desire to justify the government's reluctance.

2. Grover's recommendations and the government's inaction

a) One particularly important recommendation from Anand Grover advised the government to set the radiation exposure threshold to 1mSv/year and base its health-protection policies on this threshold. The Special Rapporteur pointed out the possibility of adverse effect of low-dose radiation exposure on human health especially to the most vulnerable, such as children and pregnant women. He advised the government to "Formulate a national plan on evacuation zones and dose limits of radiation by using current scientific evidence, based on human rights rather than on a risk-benefit analysis, and reduce the radiation dose to less than 1mSv/year" (para 78 (a)). He also advised that "evacuees should be recommended to return only when the radiation dose has been reduced as far as possible and to levels below 1mSv/year."[6]. Regrettably, the government dismisses those recommendations and has not taken into consideration the health implications of low-level radiation exposure. Instead, it has been implementing policies based on the assumption that radiation exposure lower than 100mSv/year is safe.

b) The SR emphasises that "health monitoring should be provided to persons residing in all affected areas with radiation exposure higher than 1mSv/year"(para.77(b))[7]. The government should also avoid "limiting the health check-up for children to thyroid checks and [instead] extend check-ups for all possible health effects, including urine and blood tests"(para.77(e))[8] and "make follow-up and secondary examination for children's thyroid check-up available to all requesting children and parents"(para.77(f))[9]. These recommendations have been ignored. The government rejects urinalysis as there is "no reasonable explanation to compel the residents to undergo examinations of low medical priority"[10]. Only those who have type B or C results[11] are entitled to a secondary examination.

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[1] Human Rights Now is an international human rights NGO based in Tokyo, Japan <http://hrn.or.jp/eng>

[2] A/HRC/23/41/Add.3

[3] A/HRC/23/41/Add.5/Rev.1

[4] Ibid.

[5] The government refers to reports from UNSCEAR (2008) and ICRP statements

[6] A/HRC/23/41/Add.3

[7] A/HRC/23/41/Add.3

[8] Ibid.

[9] Ibid.

[10] A/HRC/23/41/Add.5/Rev.1

[11] The current health check-up uses ultrasound examination and ranks the results into A1, A2, B, and C, where C is the severest, based on the size and the shape of the lump

c) The government also needs to "monitor the health effects of radiation on nuclear plant workers and provide necessary treatment" (para.77(j))[12] and "take all measures to provide an environment that does not exacerbate their vulnerability and provide access to affordable and quality health facilities, goods and services at all times to all workers."[13] However, these recommendations are as yet unimplemented and the health of the workers remains a grave concern especially for temporary workers, who are treated like disposable labour. The SR also pointed out that "many workers employed in the nuclear power industry are poor and some even homeless"[14]. The Ministry of the Environment relaxed bidding restrictions, which resulted in multiple layers of contracts for decontamination projects being awarded to contractors who use unlawful recruitment practices. This resulted in diminished oversight of the government's responsibility to ensure proper medical checkups for workers.[15]

d) In June 2012, the government enacted the Act on Protection and Support for the Victims of Nuclear Power Plant Accidents. After a year of silence, a call for public comments was finally made in autumn 2013. Nonetheless the policy eventually prepared by the Cabinet failed to properly reflect the voices of those affected; it mainly promotes victims returning to their hometowns. The victims' organization asked the government to establish a mechanism for affected people to participate in the decision-making process of the implementation of Act. Such a role was articulated in Grover's recommendation: "to ensure effective community participation, especially participation of vulnerable groups, in all aspects of the decision-making processes", yet there is neither such a mechanism nor any effort from the government to establish one.

3. Current situations

a) Many people, including children and pregnant women, still live in areas highly contaminated by the nuclear accident. This is because the government set the boundary of the evacuation zones based on an exposure level of 20 mSv per year, a threshold 20 times higher than international protection standards. Alarmingly, the government has been un-designating some of the evacuation areas (within a 20km ring), and it is accompanied by termination of monthly compensation from TEPCO. In fact, one region of a city called Tamura in Fukushima prefecture has already been removed from the evacuation area and it is confirmed that the compensation by TEPCO will be terminated at the end of March 2015. The evacuees from this region believed it to be too early for return, yet they were not given a chance to express their worries. Those who return before March 2015 will be given so-called 'early return compensation' of 900,000 yen but removal from evacuate zone doesn't mean residents can go back to the place safely. In the region, the government ended decontamination operations in June 2013[16] and it will no longer continue them due to the supposed 'limited effectiveness' of repeated decontamination[17]. Another serious concern is that the government limited the period in which the evacuees are entitled to have housing support to the end of March 2015[18]. Many evacuees and civil groups have been fighting for the continuation of the programme[19], yet the government has shown no movement towards another extension. This is especially dangerous for evacuees who will have no other choice but to return to their homes and face possible radiation exposure.

b) The Japanese authorities have taken inadequate measures to protect people's right to health. The Special Rapporteur noted that the health management survey conducted by Fukushima prefectural authorities was insufficient and urged the Japanese government to monitor "the impact of radiation on the health of affected persons through holistic and comprehensive screening for a considerable length of time and to make appropriate treatment available to those in need" (para.77(a)). At present, the thyroid examinations are available only to those under 18, and follow-up tests are limited to one every two years. Other than thyroid examinations, the government has not conducted any health

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[12] A/HRC/23/41/Add.3

[13] A/HRC/23/41/Add.3

[14] A/HRC/23/41/Add.3

[15] http://www.reuters.com/article/2013/12/30/us-fukushima-workers-idUSBRE9BT00520131230

[16] http://josen.env.go.jp/area/data/tamura.html

[17] Following up after Decontamination, pg 2 http://www.meti.go.jp/earthquake/nuclear/pdf/140310/140310_01g.pdf

[18] http://www.reconstruction.go.jp/topics/main-cat8/sub-cat8-1/20131011_betten1_houshin.pdf

[19] https://www.evernote.com/shard/s293/sh/24c9e873-5d81-4c6c-93ec-ae1fbe05a098/e7e4a3b0bbc11ba97e5112346ee5a56a/res/9a5a55a8-7cb1-4a55-8096-be359cdd836f/%EF%BC%94%EF%BC%99%E4%BD%8F%E5%AE%85%E7%BD%B2%E5%90%8D%E6%84%8F%E8%A6%8B%E6%9B%B8140425.pdf

monitoring for people living in the affected area (such as blood or urine sampling, dentistry, ophthalmology, etc.) nor kept any record of illness besides thyroid cancer. On the May 19th 2014, at the 15th prefectural oversight committee meeting for the Fukushima health management survey, it was announced that 50 people have been confirmed to have thyroid cancer, an increase of 17 people from February.[20] An additional 40 people were thought to have a malignancy, which makes the total number 90. Despite those worrying results, the government has not shown any signs of reviewing their policy.

4. Recommendations

For a year, the recommendations made by Grover have been disregarded by the Japanese government. The government is responsible for the protection of its citizens' rights to health under the International Covenant on Economic, Social and Cultural Rights (ICESCR), and the Convention on the Rights of the Child.

HRN urges the Japanese government to reform all relevant policies based on SR Grover's recommendations. All policies must be formulated with a victims-based/rights-based approach. They must prioritize protection of the most vulnerable population, with due consideration of the health risks of low level radiation exposure. In particular, great importance should be placed on applying the radiation dose threshold of 1mSv/year in national plans concerning evacuation zones, health policy, and in all measures providing for those affected, including implementation of the Victim Support Act.

[20] http://www.pref.fukushima.lg.jp/uploaded/attachment/65174.pdf